

Wilby Church of England (VA) Primary School



Policy on Intimate Care

*Together we are inspired to learn within the family of God's love.
We encourage one another to reach our full potential within a Christian atmosphere.*

John 13:34

"A new commandment I give to you, that you love one another as I have loved you"

Rationale

It is our intention to develop independence in each child, however we recognise that there will be times when help is required. Our Intimate Care Policy has been developed to safeguard children and staff. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults therefore, staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care may be regarded as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities may include:

- toileting;
- feeding;
- oral care;
- washing;
- changing clothes;
- first aid and medical assistance; and
- supervision of a child involved in intimate self-care.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

Medical advice will be taken into consideration where appropriate.

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based. Every child has the right to:

- be safe;
- personal privacy;
- be valued as an individual;
- be involved and consulted in their own intimate care to the best of their abilities;
- express their views on their own intimate care and to have such views taken into account;
- have levels of intimate care that are appropriate and consistent;
- be treated with dignity and respect.

School Responsibilities

All members of staff working with children are DBS checked. This includes students and volunteers.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children.

Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents, and when appropriate and possible, by the child.

In such cases consent forms are signed and stored in the child's record file.

Intimate care arrangements for any child who requires this support on a regular basis should be reviewed at least every six months.

The views of all relevant parties should be sought and considered to inform any future arrangements.

Any amendments to arrangements should be recorded for all parties involved.

Parents of children starting in Reception are asked to give permission for staff to attend to the intimate care of their child (with particular reference to toilet accidents or illness) should need arise (see Appendix A).

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. The act of intimate care would be reported to a member of staff and parents at the earliest possible time following the event.

If a staff member has concerns about a colleague's intimate care practice he or she must report it to the Designated Safeguarding Lead, Miss Lisa Pearce or the Deputy Designated Safeguarding Leads, Mrs Katie Warwick or Mrs Kellie Tai.

Guidelines for Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Young children and children with Special Educational Needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. All incidents of intimate care should be documented using the Record of Intimate Care Form (Appendix B)

Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind some forms of assistance can be open to misinterpretation.

Staff will endeavour to:

1. Involve the child in the intimate care by trying to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices.
2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Care should not be carried out by a member of staff working alone with a child.
3. Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that the practice is consistent.
4. Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained.
5. Promote positive self-esteem and body image. Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take with intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
6. If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead.
7. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

Hygiene

All staff must be familiar with normal precautions for avoiding infection and should ensure the use of appropriate protective equipment when necessary, for example, protective, disposable latex/vinyl gloves.

Working with Children of the Opposite Sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current position of a heavily weighted female staff means that assistance will most likely be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screen/curtains put in place;
- If the child appears to be distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- Report any concerns to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead and make a written record;
- Parents must be informed about any concerns.

Communication with Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods – words, signs, symbols, body movements etc. To ensure effective communication:

- Make eye contact at the child's level;
- Use simple language and repeat if necessary;
- Wait for response;
- Continue to explain to the child what is happening even if there is no response;
- Treat the child as an individual with dignity and respect.

It is important to note that in addition to the information in the Intimate Care policy, reference should also be made to the Safeguarding Policy.

Appendix A

Intimate Care Permission Form



Pupils Details

Name:

Date of Birth:

Address:

Parents / Carers Name:

I / We give permission for school to provide intimate care to my / our child.

I / We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example).

I / We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

Signature:

Name:

Relationship to child:

Date:

Appendix B



Childs Name:

Date	Time	Comments	Staff Involved (2)	Signature